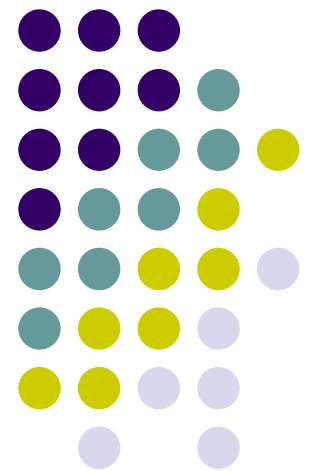


# Northwood Provider Orientation

## Durable Medical Equipment Benefit Management (DBM)



# What is Durable Medical Equipment Benefit Management (DBM)?



- Provider Network Management
  - Credentialing/Re-credentialing process
  - Convenient member access – to meet the Plan's needs
- Member/Provider Service Management
  - Call center for members and providers – 24/7 access
- Utilization Management
  - 100% Prior Authorization
- Claims Management
  - 30 day turnaround time on clean claims



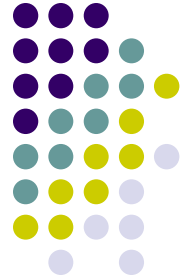
# Why Durable Medical Equipment Benefit Management?



- Ensure appropriate utilization of durable medical equipment, prosthetic, orthotic and medical supply services.
- Achieve reasonable cost savings for the Plan while providing appropriate member care.



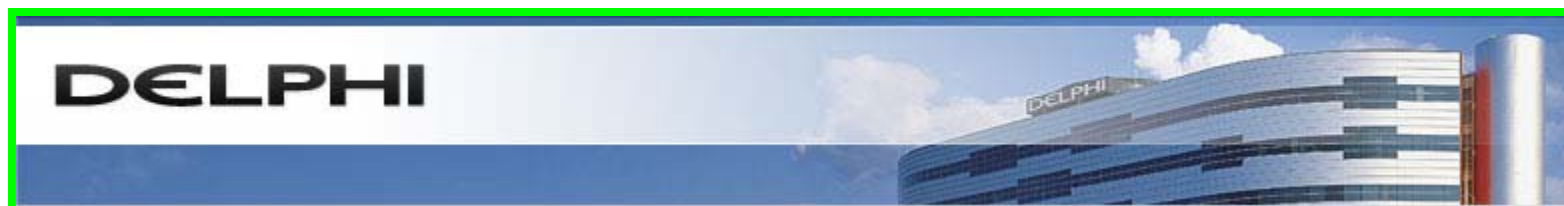
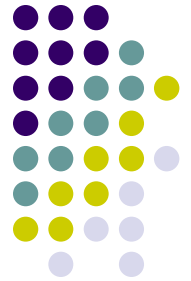
# Northwood Overview

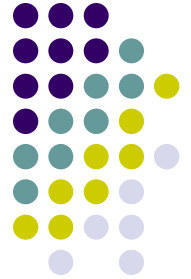


- Northwood is a Durable Medical Equipment Benefit Management (DBM) company specializing in cost management and improving member care and satisfaction.
- Founded in 1992 by an independent, family-owned home medical equipment company.
- Over 4,300 durable medical equipment, prosthetic, orthotic and medical supply (DMEPOS) provider locations nationwide.
- Large staff consisting of experts in the DMEPOS industry and clinicians.
- URAC accredited in Health Utilization Management and Claims Processing.



# Northwood Experience



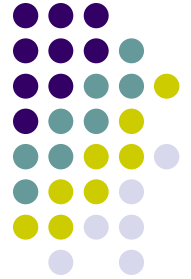


# Northwood and BMCHP

- BMC HealthNet Plan has contracted Northwood to be their Durable Medical Equipment Benefit Manager beginning April 1, 2011.



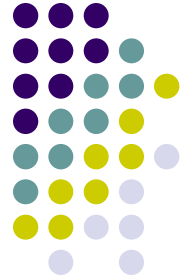
# BMCHP Program Participants



- All BMC HealthNet Plan Members
  - MassHealth and Commonwealth Care
  - All plan types



# Products and Services Managed by Northwood for the Plan's Program



All Durable Medical Equipment, Prosthetics, Orthotics, Medical Supplies, and Enteral Products and Supplies by the following provider types:

- Durable medical equipment providers
- Emergency response providers
- Wig providers
- Breast prosthesis providers
- Medical supply providers
- Pharmacy providers (who distribute/dispense DMEPOS)
- Orthotics/prosthetics providers





# Products and Services Managed by Northwood for the Plan's Program (cont.)

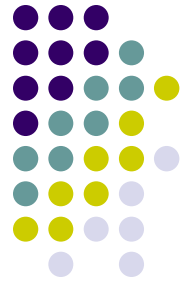


- Oxygen/respiratory equipment providers
- Speech generating device providers
- Ocular prosthetic providers
- Mobility providers
- Home infusion providers\*
- Home care providers\*
- Specialty pharmacy providers\*
- Sleep study providers\*\*

\* **Exception:** When these provider types bill for medical supplies and equipment related to infusion/parenteral/tube fed nutrition, BMC HealthNet Plan is responsible to manage/pay for those supplies/equipment/claims.

\*\* **Exception:** When this provider type bills for professional studies supporting sleep services, BMC HealthNet Plan is responsible to manage/pay those services/claims.





## Timeline – April 1, 2011

- Starting April 1, 2011 all Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies will need to be prior authorized through Northwood.
- All claims with a date of service (DOS) of 4/1/11 or after must be submitted to Northwood.



# Transition Timeline for Northwood Contracted Providers



Beginning April 1, 2011 all DMEPOS equipment/services will need to be prior-authorized through Northwood. For April dates of service (DOS) only, please fax Northwood a Batch Authorization Request\* for all BMC HealthNet Plan members you are servicing – based upon the following schedule:

- **April 1 – April 8:** to ensure continuity of services – Providers with members who have DOS between 4/1 – 4/8 - will be authorized retroactively. The provider is still responsible to have the appropriate medical necessity documentation on file to support equipment/supplies provided.
- **April 1 – April 10:** Providers must submit Batch Authorization Requests for members whose dates of service fall between 4/9 and 4/20.
- **April 11 – April 22:** Providers must submit Batch Authorization Requests for members whose dates of service fall between 4/21 and 4/30.

\*Batch Authorization Request form may be obtained by contacting Northwood or online at [www.northwoodinc.com](http://www.northwoodinc.com).



# Transition Timeline for Plan Contracted Providers/Non-Northwood



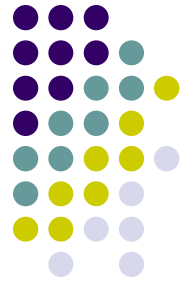
Members may remain with a BMC HealthNet Plan contracted/non-Northwood provider until their Plan contract expires. Providers (not contracted with Northwood, but still contracted with BMC HealthNet Plan) will still need to obtain an authorization for equipment/services through Northwood. For April dates of service (DOS) only, please fax Northwood a Batch Authorization Request\* for all Plan members you are servicing – based upon the following schedule:

- **April 1 – April 8:** to ensure continuity of services – Providers with members who have DOS between 4/1 – 4/8 - will be authorized retroactively. The provider is still responsible to have the appropriate medical necessity documentation on file to support equipment/supplies provided.
- **April 1 – April 10:** Providers must submit Batch Authorization Requests for members whose dates of service fall between 4/9 and 4/20.
- **April 11 – April 22:** Providers must submit Batch Authorization Requests for members whose dates of service fall between 4/21 and 4/30.

\*Batch Authorization Request form may be obtained by contacting Northwood or online at [www.northwoodinc.com](http://www.northwoodinc.com).



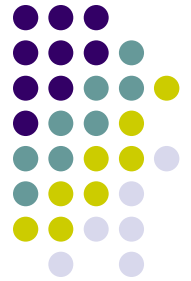
# Transition Timeline for Plan Contracted Providers/Non-Northwood (cont.)



- Members may continue to receive services from a BMC HealthNet Plan contracted/Non-Northwood contracted provider until their contract expires.
  - If you have BMC HealthNet Plan members receiving continuous rentals or recurring supplies, Northwood will contact you approximately 1 to 2 weeks prior to your contract month end date to transition to a Northwood contracted provider.
  - If you have BMC HealthNet Plan members receiving capped rental equipment, Northwood will contact you approximately 1 to 2 weeks prior to your contract month end date and transition or complete capped rental per Northwood fee schedule for remaining cap months or until the time the member may no longer require the equipment.
  - If you would like to transition BMC HealthNet Plan members prior to your contract expiration date, you may contact Northwood.

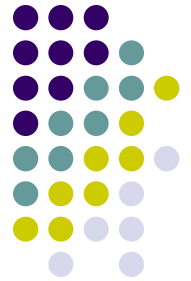


# Transition Timeline for Providers With An Open Plan Authorization



- If you are currently serving BMC HealthNet Plan members under an open (BMC HealthNet Plan) authorization extending beyond 4/1/11 (e.g. 6/30/11) – it will be honored by Northwood through the time period authorized by the Plan.
- Northwood will enter the BMC HealthNet Plan authorization number in its system to allow for claims processing.



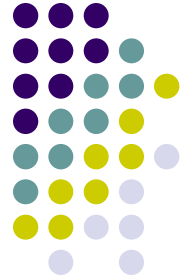


# Prior Authorization Process

- Prior Authorization is Required
  - 100% Prior Authorization Program
  - For all Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies (DMEPOS) and Enteral Products and Supplies.
  - For all BMC HealthNet Plan MassHealth and Commonwealth Care Members



# Prior Authorization Process (cont.)



- **To Request an Authorization:**
  - Call Northwood at: 1-866-802-6471
  - Fax Northwood at: 1-877-552-6551



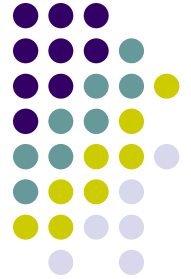


# Information Needed To Obtain An Authorization



- To assist with the authorization process, it is essential to have the following information available when contacting Northwood:
  - Provider ID Number
  - Member Name/  
Address/Telephone.
  - Member Contact/Telephone.
  - Referral Source/Telephone.
  - BMCHP ID # (BID).
  - Other Insurance Information (if any).
  - Diagnosis - ICD-9-CM Code and Description.
  - Date of Service.
  - Referring Physician.
  - Primary Care Physician.
  - Level II HCPCS Code.
  - Description of Product/Service.
  - Service Type (Purchase or Rental).
  - Quantity.
  - Duration of Need.





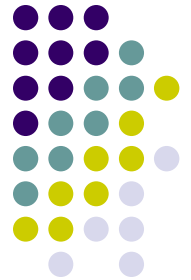
# Prior Authorization Outcomes

## Immediate Authorization

- Northwood's benefit coordinators will be the providers initial contact for requesting an authorization. If the request and related equipment/service meet criteria for diagnosis, quantity, standard equipment, etc. - an immediate authorization will be issued to the provider verbally and electronically faxed to the provider for their records. A Northwood authorization number is required on claims submission.
- If the requested product/service cannot be authorized by Northwood's benefit coordinators because it does not immediately meet criteria - it will be sent to Northwood's Case Review department.



# Prior Authorization Outcomes (cont.)



## Case Review Authorization

- Cases that cannot be authorized immediately will be sent to Northwood's Case Review department. Northwood's case review team will gather necessary documentation to determine whether an authorization can be granted. If after gathering pertinent medical information a determination can be made to authorize the product/service, Northwood will contact the provider with the authorization number and an electronic authorization form. If Northwood is unable to authorize the product/service, even after receiving additional information - the case will be sent to BMC HealthNet Plan for their review.



# Prior Authorization Outcomes (cont.)

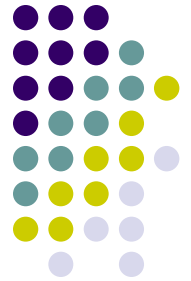


## Denials

- Administrative Denials
  - Northwood will manage administrative denials for the Plan. These are denials that are based on an administrative reason; not based on medical necessity of service/product:
    - Benefit exclusions
    - Not following authorization/referral process
    - Claims received outside of the timely filing limit
    - Member eligibility limitation
    - Coding or clinical edit denials
- Medical Necessity Denials
  - BMC HealthNet Plan will continue to process denials based upon medical necessity.



# Prior Authorization Outcomes (cont.)

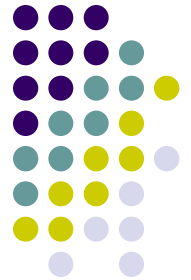


## Inquiries, Appeals and Grievances

- **Member Inquiries, Appeals and Grievances**
  - BMC HealthNet Plan will continue to retain responsibility for member appeals and grievances for both MassHealth and Commonwealth Care members.
  - Northwood will respond to member inquiries
- **Provider Inquiries, Appeals and Grievances**
  - Northwood has been delegated by BMC HealthNet Plan to manage all provider inquiries, appeals and grievances for both MassHealth and Commonwealth Care members.



# Member Appeals and Grievances



## MassHealth Members

- MassHealth members or the member's Authorized Representative may submit a grievance or appeal in the following ways:
  - By phone: 1-888-566-0010 or 1-866-765-0055 (TTY/TDD).
  - By mail: BMC HealthNet Plan  
Member Appeals and Grievances  
Two Copley Place, Suite 600  
Boston, MA 02116
- Member Appeals must be submitted to the Plan within 30 calendar days of the notice of Adverse Action to the member.



# Member Appeals and Grievances (cont.)

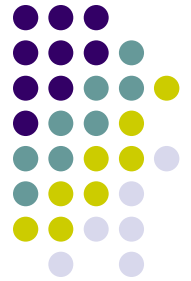


## Commonwealth Care Members

- Commonwealth Care members or their Authorized Representative may submit a grievance or appeal by:
  - Phone: 1-877-957-5300
  - Fax: 1-617-897-0805
  - Mail: BMC HealthNet Plan  
Member Appeals and Grievances  
Two Copley Place, Suite 600  
Boston, MA 02116
- An appeal can be filed any time within 180 days of the original coverage denial. A grievance may be filed any time within 180 days of the applicable event, situation or treatment.



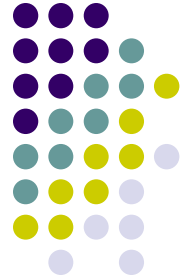
# Provider Inquiries, Appeals and Grievances



- Provider inquiries, appeals and grievances may be made by:
  - Phone: 1-866-802-6471
  - Fax: 1-877-552-6551
  - Mail: Northwood  
7277 Bernice  
Center Line, MI 48015





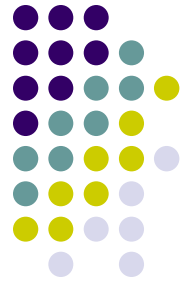


# Claims

## Claim Filing Process

- Northwood claims for BMC HealthNet Plan member services may be submitted electronically or on a CMS 1500 (paper) claim form.



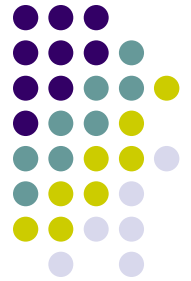


# Claims (cont.)

## Paper Claims

- Paper claims must be fully completed and include:
  - Northwood's authorization number
  - Member's BMC HealthNet Plan ID No. (BID#)
  - Physician's written order including NPI number (with initial claim only)
  - Attached EOB for secondary claims
  - Manufacturer's name, description, and product number documented in Box 19 of the CMS claim form for not otherwise classified (NOC) items



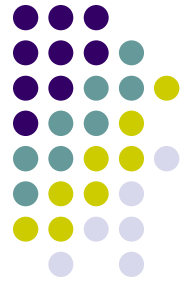


## Claims (cont.)

**Send paper claims (CMS 1500) to:**

**Northwood, Inc.  
Attn: BMCHP Claim  
P.O. Box 510  
Warren, MI 48090-0510**





# Claims (cont.)

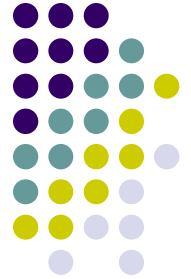
## Electronic Claims

- Providers may send their claims to Northwood electronically. Electronic claims must be completed according to HIPAA 837 transaction requirements detailed on Northwood's website [www.northwoodinc.com](http://www.northwoodinc.com).

## Electronic Funds Transfer

- Electronic funds transfer (EFT) is available, please visit the Northwood website at [www.northwoodinc.com](http://www.northwoodinc.com) to sign up.





# Provider Resources

- All reference materials for the BMC HealthNet Plan DMEPOS program can be found at [www.northwoodinc.com](http://www.northwoodinc.com) under the provider link.
  - Announcement letter
  - Quick provider reference guide
  - Frequently asked questions
  - A PDF copy of this presentation
  - Batch Authorization Request form

